

REQUEST FOR CONTINUED EXAMINATION(RCE)TRANSMITTAL **(Submitted Only via EFS-Web)**

Application Number	10/065,624	Filing Date	2002-11-04	Docket Number (if applicable)	0173.019.PCUS00	Art Unit	3748
First Named Inventor	JOBSON, Edward			Examiner Name	NGUYEN, Tu Minh		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. The Instruction Sheet for this form is located at WWW.USPTO.GOV

SUBMISSION REQUIRED UNDER 37 CFR 1.114

Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

☐ Other _____

☒ Enclosed

☒ Amendment/Reply

☐ Information Disclosure Statement (IDS)

☐ Affidavit(s)/ Declaration(s)

☒ Other

Petition for Revival

MISCELLANEOUS

☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months _____
 (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

☐ Other _____

FEES

☒ The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
 The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments, to
 Deposit Account No 141437

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

☒ Patent Practitioner Signature

☐ Applicant Signature

Adjustment date: 04/16/2008 CKHLOK
 10/10/2007 INTEFSW 00003645 10065624
 02 FC:1801 -810.00 DP

0030054055

\$810.00

Credit Card Refund Total:

Am Exp...: XXXXX1048

Refund-Ref:
04/16/2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Signature of Registered U.S. Patent Practitioner			
Signature	/Tracy W. Druce/	Date (YYYY-MM-DD)	2007-10-09
Name	Tracy W. Druce	Registration Number	35493

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: <u>10/09/07</u>				2 Serial/Patent # <u>10/065,624</u>												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
	Filing							\$								
	Amendment							\$								
	Extension of Time							\$								
	Notice of Appeal/Appeal							\$								
	Petition							\$								
	Issue							\$								
	Cert of Correction/Terminal Disc.							\$								
	Maintenance							\$								
	Assignment							\$								
X	Other - RCE Filing fee			wfee		10/09/07		\$ 810.00								
				7 TOTAL AMOUNT OF REFUND				\$ 810.00								
				8 TO BE REFUNDED BY:												
				Treasury Check												
				X Credit Deposit A/C #:												
				9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;"></td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">7</td> </tr> </table>						1		--	1	4	3	7
1		--	1	4	3	7										
10 REASON:																
	Overpayment															
	Duplicate Payment															
X	No Fee Due (Explanation):															
Improper RCE																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>				TITLE: <u>Petitions Examiner</u>												
SIGNATURE: <u><i>Sherry D. Brinkley</i></u>				PHONE: <u>2-3204</u>												
OFFICE: <u>Petitions</u>																
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																
APPROVED: <u><i>Chhok</i></u>				DATE: <u>4/16/08</u>												

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: